

# The PREVENTION CONNECTION

## NEWSLETTER

## Montana KIDS COUNT

—Daphne Herling

**M**ontana KIDS COUNT is a statewide effort to identify and track the status and well-being of Montana's youth by collecting and analyzing data about them. It is an unfortunate truth that rates of alcohol and tobacco use by Montana's youth and young adults do not compare favorably with national rates. Given the prevalence rates in the state, substance abuse consumption and consequence data is a particular focus for KIDS COUNT.

Montana's substance abuse rates can be set in the context of national research looking at illicit drug use and alcohol use in rural and small town America. National research shows that the prevalence of these problem behaviors changes with the age of the substance abuser.

- Dramatic increases in drug and alcohol abuse occur between ages 12 and 17 and among young adults.
- The most significant number is the high usage rate of alcohol among males aged 18 to 25.
- There is a three-fold increase in alcohol abuse and a doubling of drug abuse by young adult males between young teens and young adult years.

Montana's rate for underage binge drinking is one and half that of the national rate, with 33 percent of high school seniors

reporting binge drinking. Tobacco use (cigarette smoking) among youth is more comparable to national rates; with 44 percent of all Montana 8th to 12th graders reporting smoking, as compared to 43 percent in the nation as a whole. At the same time, the Montana rate of 14.5 percent of youth reporting use of smokeless tobacco is almost twice the 7.6 percent national rate.

Rates for alcohol dependence among youth and young adults are higher in Montana than in the nation as a whole: 3.5 percent of Montana's 12-17 year olds (about 2,000 youth) are alcohol dependant, as compared to two percent nationally. Nine percent (10,000) of Montana's 18 to 25 years olds are alcohol dependant compared to 7 percent nationally.

Montana's high rates for alcohol consumption play out in related consequence data. Alcohol-related motor vehicle crashes killed 124 people and injured another 1,816 Montanans in 2005. Tobacco contributed to 1,055 deaths in a similar time period.

Fatality is the ultimate consequence of substance abuse, but other consequences create significant social and economic impacts. Problem behaviors associated with substance abuse include failure to fulfill obligations at work, school, or home, legal problems and hazards to health and life.

Clearly, Montana has significant problems related to substance abuse. Montana KIDS COUNT can be used to inform policy makers, service providers and others on the

progress made and challenges faced by Montana kids.

Montana's future well-being is tied to the health, education and stability of its children, who are the future workforce, leaders and taxpayers of our state. The well-being of Montana kids concerns every one of us, not only because they have a major demographic presence, but because they are the social and moral reflection of the adult society responsible for them.

Montana KIDS COUNT is housed in the Bureau of Business and Economic Research (BBER), within the University of Montana-Missoula's School of Business. (The program is funded by the Annie E. Casey Foundation as part of a national effort to track America's children.) Visit [www.bber.umt.edu](http://www.bber.umt.edu) or call 406-243-5614.

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# The Vicki Column

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This issue of the *Prevention Connection* focuses on Alcohol and Tobacco, the two greatest threats to public health in Montana. Alcohol remains Montana's drug of choice, with 78 percent of youth reporting that they've had a drink of alcohol during their lifetimes and one in three youth reporting binge drinking (5 or more drinks at one time) during the past 30 days (2007 *Youth Risk Behavior Survey*). The good news is that trend data starting in 1995 indicates that the numbers of Montana youth who are drinking are down across the board. Tobacco use is down as well—from 73 percent of youth having ever tried smoking in 1995 to 52 percent in 2007. The bad news is that these numbers are still too high.

The Centers for Disease Control and Prevention (CDC) has been at the forefront of America's efforts to prevent and control chronic diseases. The public health model of prevention focuses on reducing the risk of—and increasing resiliency to—illness and disease through a four-step approach:

1. Define the nature of the problem using scientific methods.
2. Identify potential causes through the analyses of risk and protective factors associated with the problem.
3. Design, develop and evaluate interventions.
4. Disseminate successful models as part of education and outreach.

CDC materials tell us that chronic diseases—such as heart disease, cancer and diabetes—are the leading causes of death and disability in the United States, accounting for 7 of every 10 deaths and affecting the quality of life for 90 million Americans. The CDC also tells us that even though chronic diseases are among the most common and costly health problems, they are also among the most preventable. Strategies for prevention include adopting healthy behaviors (such as eating nutritious foods and being physically active) and avoiding risky behaviors (including tobacco use, foods loaded with trans fats, or alcohol abuse). With the enhancement of healthy behaviors and the reduction of risk behaviors, the public health model tells us that we can prevent or control the devastating effects of many chronic diseases.

The public health approach to prevention offers an exceptional framework that can be transferred to other arenas. Research reveals that early initiation of risk behaviors—including drinking, smoking, using drugs or engaging in unprotected sex—can have costly, lifelong impacts. Research also tells us that these behaviors are preventable. Strategies for prevention include defining the scope and nature of the problem using tools such as the *Prevention Needs Assessment* and *Youth Risk Behavior* surveys, and by adopting healthy behaviors at the individual, family, school and community levels. Specific action steps can include well-articulated messages about family values, alternative activities, education and changing community norms. All of these strategies parallel those used in the public health model.

The most important take-away lesson is that the most serious threats to the health and safety of adolescents and young adults are preventable. Without strategies that ameliorate risk factors and enhance protective factors, teens can be left bruised . . . or struggling to deal with the lifelong after effects of substance abuse, premature sexual activity and school dropout.

Each issue of the *Prevention Connection* takes on a life of its own, and this issue has a lot to say about preventing the initiation of alcohol, tobacco and other drug use. We have a long way to go, but there's definite progress. Part of it can be laid squarely at the door of the concerted efforts of Montana's prevention community, with hats off to the primary prevention world for having paved the way.

Vicki



# Notes from the Edge

—Mark Humphrey

“W

here’s the baby?”

It was the umpteenth time in the past ten minutes that I was going to have to answer that question, and I was getting tired of having to try to explain it. Sweat poured down my face and my little brother’s blood oozed across my arm as I gently cradled his head. Ten yards to the north, my sister-in-law lay motionless, while a third person whom I couldn’t identify was sprawled against the railroad embankment.

The empty car seat had been ejected along with my little brother, his wife and their passenger.

“The baby’s not here,” I managed to answer. People were panicking, thinking there was an infant lying somewhere along that bloodstained highway, but my niece was safe. She had gone with her Auntie. It was the only comfort to be found at that moment.

After twenty minutes, my brother stopped breathing. His wife was gone, too, and so was their passenger. The ambulance came and their bodies were whisked away. I sat down on the rear bumper of the battered pickup, trying to think about what needed to be done next. Then the cousins arrived.

“We heard they were in a wreck.”

“Yeah, they wrecked.”

“How are they?”

I hated the answer I had to give. “They’re dead.”

The girls started screaming. There wasn’t one thing I could do about it, and I didn’t like the feeling.

Today, I felt angry again when I read the statistics provided from that fateful year. The category was fatalities from Big Horn County Alcohol-related Crashes with a single casualty listed. To me, that left out my brother, his wife and their passenger. I have long since come to terms with the fact that they were affected by alcohol when they wrecked and died. I don’t want their deaths to be in vain, so it could be said that I am plenty motivated.

Big Horn County has formed a DUI Task Force. The mission is to promote a healthy and safe environment for county residents, through the reduction of the number of alcohol-related traffic crashes,

utilizing public education and awareness, faith-based community involvement, legislative and enforcement strategies. The vision for the DUI Task Force is to initiate positive change within the mind-set of our community. The task force will be part of a many-faceted program called *Restoring Paths*, to address drunken driving and various other problems within our community.

We must acknowledge that many of the paths people take lead to self-destructive behavior and the disruption of families. For my brother and his wife, their marriage came to a bitter end on the side of the road. Their family was destroyed. Their daughter was orphaned. This impacted a great number of people throughout our community. We are still dealing with the long-term effects, including raising a child without her parents.

There are commonly accepted practices, such as getting behind the wheel of an automobile while under the influence of alcohol or drugs, that are not in anyone’s best interests and which pose terrible risk. Yet impaired driving happens every day.

When inroads have been developed in a person’s thought processes, s/he can reach a point where s/he becomes comfortable with self-destructive or dangerous behavior. Once a pattern of thinking has been established, brain studies show that the thoughts tend to follow the familiar route. Maybe this is why there are people drinking and driving without consideration of their own well-being, the public safety or a second thought.

One of the goals of the DUI Task Force is to appeal to our citizens to drive in good conscience. The goal is to change the way of thinking so that the idea of drinking and driving will somehow raise a red flag. Without question, this presents a challenge, but it’s time to exercise our influence through educational efforts, press releases, public service announcements and the media. The message will be communicated that our community is not comfortable with impaired driving and that offenders will be held accountable.

There are a variety of things that can be done. Some options could include setting up multi-jurisdictional traffic safety checkpoints, with the Big Horn County Sheriff’s Office working cooperatively with the Highway Patrol and Bureau of

Indian Affairs law enforcement officers. Another option might be having Probation and Parole officers do “bar checks.” When a violation is discovered, the offender could be taken into custody without ever getting behind the wheel. The DUI never happens...and we have achieved our goal of improving public safety.

Our community recently undertook a series of study circle sessions, involving a broad cross-section of people. The sessions were facilitated by the MSU Extension Service and administered through a grant from the Northwest Area Foundation Horizons Poverty Reduction Program. The process resulted in the identification of a number of needs within our community, including crisis intervention.

Many of those charged with DUI are in need of some type of crisis intervention. It’s my hope that the DUI Task Force will be positioned to assist faith-based organizations and other civic groups in heading off DUI offenses before they occur, and to help those who have been traumatized by impaired driving.

Getting a DUI is costly in a lot of ways—to the individual and to our community. Impaired driving is a practice that contributes mightily toward keeping people in poverty. An effective manner of reducing poverty is to address the level of social acceptance of impaired driving.

—Mark Humphrey is the DUI Task Force Coordinator for Big Horn County. A lifelong resident of Big Horn County, Mark and his family reside at Hardin, where Mark has been active in the community, with a broadcasting/writing/public speaking career that has spanned 21 years. He is now putting his talents to work for Big Horn County, seeking innovative means to improve the quality of life for all Montanans. ©2007 by Mark W. Humphrey. All rights reserved. Used by permission.



# Kevin's Last Walk

—On the morning of July 10, 2005, my 18-year-old son, Kevin, passed away due to alcohol poisoning, otherwise known as binge drinking. It seemed like an average night with teenagers looking for fun, but on this night, my family would be changed forever. —Barry Adkins

## I Hope

*I hope you never pick out your son's casket*  
*I hope you never have to tell your daughters that their brother is gone*  
*I hope you never have to decide whether to cremate or bury your son*  
*I hope you never have to pick the songs for your son's memorial*  
*I hope you never have to pick the pictures for your son's memorial video*  
*I hope you never have to go pick up your son's ashes*  
*I hope you never have to go pick up your son's death certificates*  
*I hope you never have to prepare to speak at your son's memorial*  
*I hope you never have to read your son's obituary*  
*I hope you hug your kids every day*  
*I hope you cherish every day you have with them*  
*I hope what is important is now very clear*  
*I hope you hold all who are dear very close to your heart*  
*I hope you find your joy and purpose in life*  
*I hope you find a way to make your dreams come true*

—Barry Adkins



Barry Adkins walked his son, Kevin, home. It took four months and they covered 1,450 miles. Along the way between Gilbert, Arizona and Kalispell, Montana, Barry spoke at 35 schools and shared his message with more than 7,000 people. The message is simple. The dangers of drinking are real and binge drinking can kill. Barry knows. His son died of alcohol poisoning shortly after his 18th birthday.

By all accounts, Kevin was a normal kid variously described as *a good kid . . . brought up right . . . friendly, kind, trustworthy*. Like any brother, Kevin occasionally fought with his sisters. His senior year in high school, he nearly failed English. But he loved Thanksgiving with his family, hunting and working on an old yellow truck with his dad. Like most young men, Kevin thought he was 10-feet tall and bulletproof.

In May 2005, Kevin graduated from high school. It had been touch and go, but he made it. During the ceremony, he kept looking over at his parents to make sure they were watching. In June, Barry co-signed a loan so Kevin could buy a truck. While they were doing the paperwork, the loan officer asked Kevin if he'd like to purchase life insurance.

*You don't need life insurance*, Barry told him. *Eighteen-year-old boys don't die*.

In July, Kevin and three of his buddies decided to move into a place on their own. July 9, 2005, Kevin put the last of his belongings in his truck and said goodbye to his dad. Barry remembers watching the tail lights disappear. He didn't it would be the last time he'd see his son alive.

There was a housewarming party that night complete with a keg and some Jack Daniels. Kevin had at least six or seven shots, eventually passing out. His friends put him on his side in case he vomited, then decided to play a prank on him by shaving his head and legs.

After while, someone noticed that Kevin's light, shallow breathing had turned into no breathing at all. They called 911. Kevin was rushed to the hospital, but it was too late. He was pronounced dead on ar-

rival, with a blood alcohol content of .36.

The next morning Barry and his wife were getting ready for the day when a policeman knocked on their door and handed Barry his son's drivers license.

Time passed, and Barry decided that in order to cope, he had to make something good come out of it the horrible loss. Kevin's favorite movie had been Lonesome Dove, and in one of his favorite scenes, a man honored his friend's final request and carried his body home to Texas. Barry decided to do the same thing for his son.

Kalispell was filled with happy memories of family vacations, and it was the place Kevin had dreamed of living someday. Barry left home with his son's ashes in February—two days before what should have been Kevin's 20th birthday. They arrived in Kalispell on July 1st, eight days shy of the two-year anniversary of his death.

Barry Adkins hopes that other parents never go through the loss he and his family faced. This is expressed in a poem written by Barry Adkins to other parents about the loss of his son. The poem was written after Barry went to pick up Kevin's ashes and he realized that he wouldn't wish this loss on his worst enemy.

*For more information, visit [www.kevinslastwalk.org/](http://www.kevinslastwalk.org/) or [www.notmykid.org/default.htm](http://www.notmykid.org/default.htm).*

**Editor's note:** What happened to Kevin could happen to anyone. Too many kids are taking the same risk Kevin did. The *Youth Risk Behavior Surveillance System* (YRBSS) survey is conducted throughout Montana during odd-numbered years. In 2007, 32.7 percent of the representative sample of Montana 9th-12th graders surveyed said that they had practiced binge drinking (had five or more drinks in a row) during the past 30 days. The good news is that this is down from 44.1 percent in 1997. The bad news is that one in three kids is still putting him/herself at risk.



# Binge Drinking

—Major Robert Burnison

**B**inge drinking is part of today's student culture. This is *not* social drinking as you and I might know it . . . slowly sipping our drinks and snacking over the course of a social evening. Kids treat binge drinking like an extreme sport: drinking until they pass out, rapid-fire drinking until they vomit (then start up again), drink until they're totally wasted and sometimes, tragically, until they're dead-drunk. Binge drinking is an event. It can be a weekly entertainment or a macho challenge for boys. No matter how we look at it, it's a major problem among high school and college students.

Advertising makes alcoholic beverages—and drinking—seem attractive and fun, and the more, the better. Six packs have become 12-, 18-, 24- or 30-packs. So what's the point of moderation, when beer comes in larger and larger quantities? It's easy for a high school student to get caught up in peer pressure. They think it will make them feel older, and feel good, not realizing it could just as easily make them sick and hung-over. They may view alcohol as a way to reduce stress, though it often ends up creating even greater stress.

Our bodies can only get rid of so much alcohol per hour. Drinking large amounts of alcohol in a short period of time poisons the body. Alcohol can affect the body's involuntary reflexes, including breathing and the gag reflex. Other signs of alcohol

poisoning include: extreme confusion; inability to be awakened; vomiting; seizures; slow or irregular breathing; low body temperature; and bluish or pale skin.

Binge drinking grossly impairs judgment. Beyond alcohol poisoning, studies have linked binge drinking to unintentional and intentional injuries, STDs, unintended pregnancies and other health problems. While not surprising, those links become especially alarming in context with the fact that in response to the 2006 Behavioral Risk Factor Surveillance System (BRFSS) survey, 25.3 percent of young adults (ages 18-24) and 24.8 of those between the ages of 25-34 reported binge drinking. (Binge drinking is defined as males having 5 or more drinks on one occasion, and females having 4 or more.)

Some studies have linked binge drinking during high school with overweight and high blood pressure by age 24. That's no surprise in light of the fact that one regular beer has about 150 calories. That's a lot of extra calories if someone is drinking four or five beers a night.

Young people, parents, school, communities and law enforcement share the responsibility of getting the information out: underage binge drinking is unacceptable. Our job is to make it uncool for those under 21 to drink alcohol. Even though this will be an extremely difficult turnaround, it can be done if we work together.

—Major Robert Burnison is the Richland County D.A.R.E. Officer and a member of the Sidney Police Department.

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## What can parents do about binge drinking?

### Communicate

- Talk to your child about your expectations regarding alcohol. A zero-tolerance policy works the best if it is strongly communicated by the parent.
- Communicate your expectations regarding alcohol and other drugs on a regular basis.
- Tell your children not to allow anyone to intimidate them into binge drinking. They need to understand that nobody who cares would ask them to do this.
- Ask open-ended questions: What do you think about the drinking in high school or college campuses? Do you think kids know that binge drinking can kill them? Why do kids binge drink?

### Be aware

- Know where your child is at all times, and who s/he is with.
- Do not allow your child to spend time at someone else's home until you have found out about its alcohol environment.

### Plan ahead

- Have consequences in place in case your child breaks your alcohol rules.
- Model responsible drinking behavior.
- Offer healthy alternatives.

## Alcohol is . . .

*. . . a depressant that comes from organic sources including grapes, grains and berries. These products are fermented and distilled into liquid.*

*Alcohol affects every part of the body. It is carried through the bloodstream to the brain, stomach, internal organs, liver, kidneys, muscles—everywhere. It is absorbed very quickly (as short as 5 - 10 minutes) and can stay in the body for several hours.*

*Alcohol affects the central nervous system and the brain. It can make users loosen up, relax, and feel more comfortable—or it can make them more aggressive.*

*Unfortunately, alcohol also lowers inhibitions, which can set users up for embarrassing or dangerous behavior. In fact, each year approximately 5,000 young people under the age of 21 die as a result of underage drinking. This statistic includes about 1,900 deaths from motor vehicle accidents; 1,600 homicides; 300 suicides; and hundreds of others stemming from injuries such as falls, burns and drownings.*

*Source: [www.theantidrug.com](http://www.theantidrug.com)*



## Risky Behavior

*Many kids start drinking in middle school. In fact, one out of every two 8th graders has tried alcohol. Additionally, more kids use alcohol than use tobacco or illicit drugs and more children are killed by alcohol than all illegal drugs combined. But the risky behavior does not end there.*

*— Driving. When young people drink and get into a car, they tend to make poor decisions that impact their safety. Traffic crashes are the number one killer of teens and over one-third of teen traffic deaths are alcohol-related.*

*— Dependence. People who reported starting to drink before the age of 15 were four times more likely to also report meeting the criteria for alcohol dependence at some point in their lives. In fact, new research shows that the serious drinking problems (including what is called alcoholism) typically associated with middle age actually begin to appear much earlier, during young adulthood and even adolescence.*

*— Violence. Children who start drinking before age 15 are 12 times more likely to be injured while under the influence of alcohol and 10 times more likely to be in a fight after drinking, compared with those who wait until they are 21 to drink.*

Source: [www.theantidrug.com](http://www.theantidrug.com)

# The Brain Connection

—Mary Ann Guggenheim, M.D.

**T**he past two issues of the *Prevention Connection* focused on children's mental health issues. What was clear from those issues is that many complex behavior patterns result from a mixture of inherent (biologic) factors and environmental/family interactions. Drs. Shepard and Sargent raised the possibility that tobacco use may increase susceptibility to depression. ADHD often seems to have a genetic basis; OCD/conduct disorder may be a mixture of early abuse/neglect and a familial mood disorder. The use of neuro-pharmacologic drugs (medications that alter brain function) for childhood and adult behavior disorders have become commonplace.

Since the nervous system determines who and how we are, it seems useful to try to understand it. For the 35 years I practiced the medical specialty of child neurology, I had the opportunity to observe brain function and development in children. When a child would turn up with one of a spectrum of brain disorders, the most persistent question I heard from parents and professionals working with children was, "What caused it?"

Sometimes a clear medical disease could be implicated, but more often than not the etiology (a fancy medical term for cause) was simply unknown. Despite many new tests and much research, our understanding of how the brain develops and how it works is still very limited. Today many newspapers and general magazines tantalize us with new breakthroughs in research. Just a few years ago, the human genetic code was determined. Based on this, one might think that now we really understand the brain. We do know quite a bit, but every new advance only seems to emphasize the complexity of brain development and function.

In this article, I will try to explain what we know about the brain and, perhaps, clarify why "What's wrong?" most often must be answered in a very tentative, incomplete way. Likewise, finding useful treatments for disorders of brain function is an ongoing challenge. Part of what I was taught about the brain 40+ years ago in medical school has turned out not to be true. I'm sure that some of the

information we're using now will be corrected in future years, but for what it's worth—here is brain development and function 101.

## Some basic anatomy and terms

The nervous system is the encompassing term: it includes the brain (about 3 pounds worth in an adult) which is attached to the spinal cord (running down our back inside the bony vertebral column). Nerves (bundles of long thread-like extensions of a nerve cells covered by a protective protein-lipid substance called myelin) extend from the brain and spinal cord and deliver information to the body, including muscles, eyes, skin, sweat glands, bladder, bowels and stomach. This is called the motor system—it gives directions. Also, virtually all parts of the human body have receptors that respond to external stimuli (e.g., heat, pressure, chemicals, position, sound, trauma) and deliver the information to the brain via nerves connected to neurons (technical word for a nerve cell) in the spinal cord and brain. This is called the *sensory system*.

The nerve cells that form the motor system have cell bodies inside the brain and spinal cord, whereas the nerve cells that form the sensory system are located outside, lying along the spinal cord or in other locations in the body. It all works in a continuous loop so that if the sensory input to the brain about part of the body is altered or absent, the outgoing information is affected. (One of the things I learned 50 years ago as a medical student that got me hooked on the brain was that if one took a laboratory animal and carefully cut only the sensory nerves outside the spinal cord, the animal was paralyzed: the nervous system works—and appears only to work—as a continuous loop). A familiar example of this is how hard it is to chew and talk when the dentist has numbed part of the mouth and lips.

The brain and spinal cord is called the central nervous system (CNS), and the rest of it—all of the motor and sensory nerves that connect with every part of the body—is called the *peripheral nervous system*. Some diseases affect one or the other; some can injure both. When we are concerned

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## The Brain Connection

*Continued from Page 8*

about behavior, we usually focus on the brain, but we should always remember the continuous loop principal of nervous system function. There may be people whose behavior seems abnormal, but the primary problem could be that the sensory information s/he receives via the peripheral nervous system differs from the norm. Just as people who lose sensation in a foot/ankle have problems walking, we may ultimately learn that the manifestation of abnormal behaviors could be a reflection of perceiving the world differently, in a basic biological way.

The development and function of the nervous system is controlled by information derived from our genes—half of which come from the egg and half from the fertilizing sperm. A random mix of maternal and paternal genes occurs in the cell nucleus at the time of the first division of the fertilized egg—roughly half the DNA from each parent is lost and half retained. Except for identical twins (when the initial cell division results in two viable cells that each go on to develop into a complete embryo), the random mixing of the 25 or 30 thousand genes we receive from our parents means that no two people are exactly alike. Although the vast majority of genetic material is located in our chromosomes (stored inside the cell nucleus), we also inherit a small amount of genetic material via sac-like structures (mitochondria) that exist in the cytoplasm of the egg. All of our mitochondrial DNA comes from our mothers. These mitochondrial genes are mostly involved in basic cell mechanisms that create energy from oxygen and glucose. Abnormalities of this energy system can result in serious brain (and sometimes heart and muscle) disease. Recent research suggests that mitochondrial inheritance may also have a role in inherited mood disorders.

The human genome project (identification of the chemical sequence of all of our DNA) was completed in 2003. Humans have 21 pairs of chromosomes. Approximately 20-25,000 genes have been identified in the human chromosomes. Each

gene (a linear sequence of DNA) carries a code that can be translated by the cell into a protein. Proteins are the workers of the cell. It is worth noting that all of these genes only account for 2-3 percent of the total chromosomal DNA. Another 2 percent or so results in a material (short RNA snippets) that helps regulate gene function. We don't know what the other 95 percent does. (So whenever a scientist seems a bit conceited about all they know, remind them that we still don't know the function of 95

percent of our chromosomes—it is sometimes called junk DNA, but I suspect that it does something important).

The development of the nervous system begins at the time the egg is fertilized and is not complete for 20 years. It is a complex process directed by genes. Current estimates are that roughly half of our genes have to do with brain development and function, meaning that those three pounds of adult brain must be very complicated indeed.

The next brain connection article will describe the steps and timetable of brain development, which results in this amazing structure that makes us who we are.

—Dr. Mary Ann Guggenheim attended Harvard Medical School in Boston, Massachusetts, and was trained in pediatrics and neurology. She was a full time faculty member at the University of Colorado School of Medicine in Denver until 1983, when she moved to Helena. For the next twelve years had a statewide practice in child neurology, then retired from full-time practice in 1995. Since then, Dr. Guggenheim has kept busy with participation on numerous state-level advisory groups and committees, enjoying her grandchildren, fly-fishing, and creating custom furniture.

**Editor's note:** This is the first in a multi-part series that Dr. Guggenheim has offered to write for the *Prevention Connection*. This piece lays the groundwork for the articles to come—be sure to watch our next issue for more on the *Brain Connection*.

## FAS Not the Only Risk

*Not every child exposed to alcohol develops Fetal Alcohol Syndrome, but researchers say prenatal drinking can lead to a variety of other behavioral problems among children*

*Many alcohol-exposed children don't develop the facial characteristics associated with FAS but still suffer from a variety of cognitive and behavioral problems related to maternal drinking during pregnancy, according to researchers from San Diego State University. The problems are linked to damage to the frontal-striatal areas of the brain, related to behavioral inhibition, said researchers who examined 22 8-to-18-year-olds with and without histories of heavy prenatal alcohol exposure.*

*"We found two regions within the prefrontal cortex where the youth with alcohol-exposure histories had increased brain activation and one area in the subcortex (called the caudate nucleus) where the alcohol-exposed youth had decreased brain activation," said study co-author Susanna L. Fryer. "Prenatal alcohol exposure can cause damage to the brain that results in significant problems with regulating behavior and optimal thinking and learning."*

*The study appears in the August 2007 issue of Alcoholism: Clinical & Experimental Research. [www.jointogether.org/](http://www.jointogether.org/)*



# Innovative Directions: Safe On All Roads

—Randi Szabo

## American Indian Fatality Facts

On average:

- About 40 American Indians die in vehicle crashes in Montana every year. Most are under age 35.
- Approximately 75 percent of all American Indian deaths in crashes are tied to alcohol use.
- Among Indian crash fatalities under the age of 35, almost nine out of ten—88 percent—are due to alcohol use.
- About 24 young people are lost to the Indian Tribes in Montana each year.

Department of Transportation data



## Safe Kids/Safe Communities

The Montana Safe Kids/Safe Communities (SKSC) Coalition is dedicated to preventing injury and death caused by traffic crashes, specifically those caused by impaired driving or lack of appropriate occupant protection.

The coalition is funded by combining federal, state and private resources.

Major funding is provided through a contract with the Montana Department of Transportation (DOT) utilizing National Highway Traffic Safety Administration funding.

There are 16 local Safe Kids/Safe Communities coalitions in communities throughout the state. For more information, visit: [www.hmhb-mt.org/sksc.htm](http://www.hmhb-mt.org/sksc.htm)

W

hat new medium is being utilized in the battle against alcohol-related deaths and injuries on three of Montana's Indian reservations? Rocks. Before you decide rocks must be what I have for brains, let me explain.

Thursday, July 12, 2007—the opening day of North American Indian Days in Browning—a site was dedicated for a 50-foot diameter rock circle Medicine Wheel. Medicine grandmother Rosie Day Rider of Cardston, Alberta, conducted a ceremony transferring the Medicine Wheel design from her family to the Blackfeet Nation to be used as a spiritual and educational focus against drunk driving. “This one place, this one purpose,” she said. The design of the wheel comes down from her grandfather, Many Pinto Horses. He used the wheel to protect his family from enemies, she explained, and that’s what alcohol and drugs are to the Indian people—enemies.

The inspiration for this approach to impaired driving, community outreach and education evolved through the Native American Traffic Safety Program funded by the Montana Department of Transportation. The program was initiated in 2005 on the Blackfeet, Fort Belknap and Fort Peck reservations, and in 2006 was given the name Safe On All Roads, or SOAR.

The program strategy is based on partnerships with the local community college—centers for culture and education—with a significant density of our target population. Through the college, Banik Communications subcontracts with a local coordinator on MDT’s behalf. The rationale is to have our messages developed and delivered within the communities, taking into account the unique characteristics, opportunities and barriers within each reservation “market.” Our intent is to coordinate extensively with other reservation agencies and programs, such as health services, law enforcement, educators, event organizers and businesses. Banik Communications supports the local contractors

—“The Indian people are very good at grieving,” I was told. “We come together in our grief. But we need to come together for something that stops this grief.”

with professional services in research, copywriting, graphic design, production and media placement.

Media, no matter how brilliant, is not enough to effect behavior change. Television is the most powerfully persuasive medium because of its ability to transmit emotion, but television penetration is sparse for many reservation communities. With this audience, the best approach is direct and interactive, with support from paid and earned (public relations) media reinforcement of a simple message.

So how did it happen that we turned to stone? In 2006, at North American Indian Days in Browning, our Blackfeet coordinator, Cheryl Little Dog, brought together over 40 families who have lost a loved one (some more than one) in an alcohol-related crash. The tribe, the families, and virtually everyone in the stands, participated in an honor dance for Cheryl’s traffic safety efforts. MDT director Jim Lynch gave away a SOAR-embroidered blanket to each family. Families were hungry for answers—ways to remember, recover and prevent.

“The Indian people are very good at grieving,” I was told. “We come together in our grief. But we need to come together for something that stops this grief.” We wanted a memorial, but we needed more than that. We needed a focus for community healing and behavior change. We found that in the Medicine Wheel.

I use the term *Medicine Wheel* for two types of physical representations. The *Medicine Wheel* refers to the variously spoked rock circles found in North America as artifacts of the Blackfoot Confederacy, Sioux, Cheyenne or other tribes, some as old as 5,000 years. The one we will build in Browning has its own particular design. Its construction will be a project for the entire community, including student volunteers.

The second reference is for the spiritual symbol known as the *Sacred Hoop* or

**Continued on Page 9**



## Innovative Directions

*Continued from Page 10*

the *Circle of Life*. Like the rock circle, the Medicine Wheel symbol has cardinal points of east, west, north and south, a rich symbology representing life pathways for men and women, the four ages of life, the four seasons, and for the four areas of a balanced being—spiritual, emotional, mental and physical. The teachings of the Medicine Wheel are the tie that will make the events at the rock circle meaningful.

Rocks. Many Native American people are highly attuned to the landscape markers that rock formations pose. Sleeping Buffalo on Highway 2 is an example of stones that carry legend and spiritual power. I have been told that only rarely does an Indian person pass it without a pause for prayer and offering.

Lynette Chandler, our coordinator at Fort Belknap, has placed a “Sobering

Stone” at Fort Belknap College. In September, a student-centered event will dedicate the rock and encourage students to express their feelings about the effects of drinking and driving on friends and families. Similar events will be held at boulder installations at Wolf Point and Poplar High Schools, with the help of Mike Todd, the SOAR coordinator for the Fort Peck Reservation.

Rocks—granite, marble, basalt—also make headstones. With luck, guidance and the help of everyone who can spread the ripple from a pebble in water, perhaps there will be fewer gravestones and more stones placed for hope.

—Randi Szabo works for Banik Communications, the media contractor for the Montana Department of Transportation. She can be reached at [randi@banik.com](mailto:randi@banik.com).



## Live by a Higher Code

—Steve Pre'tat, Master Patrol Officer

**A**s an eleven-year veteran of the Great Falls Police Department and retired member of the Air Force, I have been given the daunting task of trying to reduce alcohol-related crime in Great Falls and at Malmstrom Air Force Base. This is an uphill battle, to say the least. From trying to speak to the airmen on base to working with students at the high schools, I find the same response day in and day out: *Cops should go after the real criminals or Don't you have better things to do then screw with us?* The answer is the same either way you look at it: we are doing what you pay us to do . . . enforce the laws of the State of Montana . . . equally.

No one would challenge the idea that alcohol is a contributing factor to crime. And before you start thinking I am a prohibitionist or believe that people should not drink, you could not be more wrong. It's the *abuse* of alcohol that gets our attention. Last year, we wrote over 720 Minor In Possession (MIP) of alcohol tickets . . . and those are just the minors we caught. The actual number is probably significantly

higher. Some of the young people were caught driving, some were at house parties, some running from house parties and there were a few at the bars. We can no longer turn a blind eye to underage drinking. Lessons learned in the past remind us that there can be devastating consequences.

The local bars and taverns have been wonderful to work with in checking IDs and watching for minors. Plain clothes officers spend countless hours doing walk-throughs in bars throughout the community looking for underage drinkers and the fake IDs used to purchase alcohol. If found, they're arrested on the spot and removed from the business. The days of pouring out the alcohol and letting the offender leave are long gone. In addition, bars and taverns are invested in protecting \$500,000 liquor licenses. They don't want—or appreciate—underage drinkers jeopardizing their livelihoods.

Over the next few years, you'll see some changes. Not based on our zero-tolerance level of enforcement, but in the way we plan to work with—not against—our underage youth as we deal with alcohol-related issues and the lack of “anything to do around here.”

In the meantime, our best suggestion for youth is to set an example . . . don't be made an example of. And to our military community: reflect on what it took to get where you are now. Think about the days of Basic Training, the sacrifices you've made, the tech schools you've been to and the career path laid out for you. Consider the pride and honor you felt when you put on that uniform and remember that when the day is over and the uniform comes off, the expectation is that you must still *live by a higher code*.

—Master Patrol Officer Steve Pre'tat works for the Great Falls Police Department and serves as the Enforcing Underage Drinking Laws (EUDL) Community Coordinator. He can be reached at [spretat@ci.great-falls.mt.us](mailto:spretat@ci.great-falls.mt.us) or 406-771-1180 ext. 222.



# Why Do Our Kids Drink So Much?

—Ronda Welnel

**T**

*—Research shows that when kids start drinking between the ages of 12-18 they are 50 percent more likely to become alcoholics.*

he number one drug of abuse for Richland County youth is alcohol. Underage drinking and binge drinking here is higher than the state average (65 percent as compared to 44 percent). The average age kids start drinking in this county is 11.3 years. This information is not surprising considering that we live in a user-friendly environment.

It is *not* inevitable that kids will use and misuse alcohol while they are young. Parents play the most important role of all by providing good examples for their kids and setting clear standards about not using alcohol. In fact, the number one reason kids give for not drinking is that they don't want to disappoint their parents. Kids tend to do what's expected of them. If we expect them to drink, they will. Kids seem to hear only half of what we say. If you're telling your kids not to drink, but if they do, don't drive, kids hear that it's okay to drink as long as they don't drive. If we're ever going to reduce underage drinking, youth need clear and consistent messages from parents.

As a community we all contribute to the normalization of alcohol and tobacco use. Alcohol and tobacco advertising is everywhere in this community, and as a community, we allow it. This in-your-face approach by the industry normalizes usage. The alcohol industry spends more than \$4 billion and the tobacco industry more than \$15 billion per year on advertising. They bombard our youth with the message that using alcohol and tobacco is normal and make it seem as if everyone does it.

The ads kids see and read everyday—on everything from gas pumps to disposable cups—focuses on the “positive” aspects of smoking or drinking, without reference to any of the negative consequences. This makes a parent's job even more difficult. How can we compete with the billions of dollars an industry spends on telling our kids what normal behavior is, or that they can't be normal without “it”—whatever “it” is? It is crucial to let our kids know that the industry targets them and has a powerful influence over their decision-making. Making sure they understand that they are intended to be the replacement

smokers and heavy drinkers can make a difference. To the billion dollar industries, it's about money. They don't care about our kids or their health.

In our community we've also come to accept the promotion or sale of alcohol at fundraising events that benefit youth. This message works to further normalize alcohol use and . . . again . . . makes drinking appear to be socially acceptable behavior, modeled for our youth. We have inconsistent policies and consequences for kids who are caught drinking or using tobacco, which also leaves them thinking that it's okay to drink or smoke . . . as long as you don't get caught . . . or that rules and consequences only apply to some kids and not to others. Perception is everything in a kid's world. Equal and consistent messages make all the difference.

If it takes a village to raise a child, each of us needs to look at the role we can play in preventing underage drinking. As a community, we need to come together to set a good example and develop standards that other communities will want to follow.

—Ronda Welnel is the Prevention Services Director for District II Alcohol & Drug Program in Sidney, Montana.

**For more information about the drinking behaviors of youth in your county and our state, visit:**

— **2006 Prevention Needs Assessment (PNA)** at <http://www.prevention.mt.gov/pna/2006/>

— **2005 Youth Risk Behavior Survey (YRBS)** <http://www.opi.state.mt.us/PDF/YRBS/HSREPORT.pdf>

*The National Research Council of the Institute of Medicine reviewed theoretical research and promising programs to determine which features of positive developmental settings were effective.*

*The results (2002) found that successful programs provide youth with:*

— *Physical and psychological safety and security.*

— *Structure that is developmentally appropriate, with clear expectations and increasing opportunities to make decisions, participate in governance and rule-making, and take on leadership roles.*

— *Strong links between families, schools and broader community resources.*

— *Emotional and moral support.*

— *Opportunities for:*

- *supportive adult relationships;*
- *close, durable relationships with peers that support and reinforce healthy behaviors;*
- *belonging and being valued;*
- *developing positive social values;*
- *building and mastering skills;*
- *developing confidence; and*
- *making a contributions.*



# This is Your Body on Alcohol

—Kelly Donovan, AmeriCorps\*VISTA

**E**ver wonder exactly what happens to your body when you drink alcohol? Alcohol first affects the central nervous system (CNS), which helps your brain process, analyze, and react to sensory information. Alcohol obstructs the CNS's ability to perform these tasks. This is why someone who has been drinking has slurred speech, blurry vision, dizziness, and slowed reaction times. While driving, for example, after even just a couple of drinks, the driver will steer and brake more slowly than necessary to drive safely.

Alcohol is a diuretic. It causes the body to dehydrate more quickly than normal. The kidneys direct the liquid part of alcohol straight to the bladder to get rid of it, so people drinking often have to use the bathroom. Headaches, dizziness, thirst, paleness, and tremors are all caused by dehydration. Unfortunately, people drinking may not realize their thirst is caused by the alcohol, so they continue to drink, resulting in a cycle of drinking and dehydration.

The liver metabolizes about 90 percent of the alcohol that enters the body. The liver processes about one unit of alcohol (12 ounces of beer, 4 ounces of wine, or 1.5 ounces of liquor) per hour and takes the brunt of the damage. Not only do the toxins damage liver tissue, the liver's job of breaking down alcohol prevents it from metabolizing other nutrients that the body needs. When heavy drinking occurs, either in a series of short bursts (e.g., binge drinking), or over a prolonged time period (alcoholism), the liver cannot heal fast enough and yellow-brown fibrotic scar tissue forms. This is cirrhosis, which leads to infections, fluid retention, jaundice, and eventually, death. Cirrhosis is irreversible.

Alcohol also raises the body's glucose level. The body reacts by producing an even larger amount of insulin to process that glucose. Once the glucose from alcohol has been taken care of, however, leftover insulin continues to break down glucose from food and other drinks, resulting in low blood glucose levels. Feelings of hunger, heavy sweating, dizziness, and blurry vision ensue. To compensate, the body craves food, which is why many binge drinkers gain weight.

The body soon becomes tired and demands sleep. Alcohol, however, interferes with natural sleep rhythms because a dehydrated body cannot get the restorative sleep it needs.

The presence of toxins can irritate the stomach, causing vomiting and stomachaches. Vomiting forces hydrochloric acid, a chemical found naturally in the stomach, up through the esophagus and mouth. While stomach tissues can handle the acidity of hydrochloric acid, the esophagus and mouth cannot, which is what causes a burning sensation upon vomiting. Increased vomiting from frequent heavy drinking will irritate the esophageal lining, causing heartburn. Toxins from alcohol also irritate the large intestine by preventing it from absorbing salt and water, sometimes causing diarrhea.

After a night of binge drinking, alcohol continues to throw the balance of vitamins and minerals off. Binge drinking disturbs the concentration of sodium (already off-kilter from the dehydration) and thus the kidneys' ability get rid of the toxins processed by the liver. More thirst, muscle cramps, and dizziness can ensue. Meanwhile, as the liver continues to metabolize alcohol, it produces acetaldehyde, a vinegar-like substance toxic on the liver, the brain, and the stomach lining, resulting in headache, nausea, vomiting and heartburn. Finally, the liver diverts water from other organs to keep metabolizing alcohol from the binge, including the brain, causing the throbbing headaches that characterize hangovers.

Long-term alcohol abuse causes the hippocampus, the part of the brain where memory occurs, to shrink, sometimes up to 50 percent. Liver cancer and Hepatitis C can occur, as can heart disease, high blood pressure, and pancreatitis.

Considering these conditions, is a night of alcohol really worth it?

Sources: Information for this article was compiled from the National Institute on Alcohol Abuse and Alcoholism, Health.org, and BBC.com.

## Underage Drinking Links

### Quick Stats

[http://www.cdc.gov/alcohol/quickstats/underage\\_drinking.htm](http://www.cdc.gov/alcohol/quickstats/underage_drinking.htm)

### Prosecuting Parents

<http://www.family.samhsa.gov/set/prosecuting.aspx>

### A Growing Health Concern

<http://pubs.niaaa.nih.gov/publications/PSA/underagepg2.htm>

### A Guide for Preventing Impaired Driving and Underage Drinking

<http://www.higheredcenter.org/pubs/safelanes/pages/developing.htm>

### A Major Public Health Challenge

<http://www.duiamerica.com/underage-drinking.php>

### Arrive Alive

<http://arrivealive.com/PreventionProgram.htm>

### Prevention Strategies

[http://www.alcoholfreechildren.org/en/audiences/pre\\_pract.cfm](http://www.alcoholfreechildren.org/en/audiences/pre_pract.cfm)



# A Personal Perspective: *Al-Anon*

—Mary B.

## Al-Anon and Alateen

*Al-Anon is a 12-step program for the relatives and friends of alcoholics. They believe that alcoholism is a family illness and that changed attitudes can aid recovery. Al-Anon supports the family members and friends of alcoholics, whether they are still drinking or in recovery.*

*The mainstays of the Al-Anon program are the 12 Steps, the 12 Traditions and 12 Concepts of Service. There are no dues or fees required for attendance, and the only requirement for membership is for there to be a problem of alcoholism in a relative or friend.*

*Alateen is the youth/young adult program of Al-Anon, for youth between ages 12 and 20 who are affected by another person's drinking. Alateen members run their own meetings under the supervision of an attending Al-Anon member (adult). This is considered to be extremely important for the validity of an Alateen group and the growth of its members.*

*For more information,  
[www.al-anon.alateen.org/](http://www.al-anon.alateen.org/)*

**S**everal years ago, after repeated romantic relationship failures, I sought the advice of a woman I admired. I was totally out of answers. I'd tried religion, counseling and my best ideas (which included control, manipulation and grim determination to make things go the way I thought they should). I was desperate for a solution and willing to listen to whatever she had to say. Her answer surprised me. She told me what Al-Anon had done for her, and invited me to attend a meeting with her.

I resisted for a while, but the pain became so intense that I thought, *What could it hurt?* I called her and we went to a meeting. It was pleasant, but not earth-shattering.

On the way home, we chatted about the 12-step program and how it works, and she suggested I consider reading the *Big Book of Alcoholics Anonymous* as a means of understanding alcoholism and the alcoholic. I wasn't living with active alcoholism at the time, and told her that I really wasn't that interested in learning more about alcoholism. What she said made the hair on the back of my neck stand up: that unless I did some personal work around this, I would probably just find myself another alcoholic and do the dance all over again.

I wasn't keen on repeating my recent experiences, so I decided to give Al-Anon a try for the summer. Bells and whistles went off every time I read the literature or went to a meeting . . . these people understood me. They spoke my language and they didn't judge me! They did show me a way out of my destructive patterns . . . gently, with love and kindness.

It is said, *When the student is ready, the teacher will appear.* This happened for me. When I was truly willing to let new information in, challenge some of my fixed ideas, and try new behaviors, I was shown the way to the miracle that is Al-Anon.

My life has changed markedly as a result of joining this 12-step program for the friends and family of alcoholics. In this safe environment, I learn practical tools that help me find my place in the world and become comfortable in my own skin. I learn how I have contributed to my own misery through my thoughts, perceptions and beliefs. I learn that I—not anyone else—am responsible for my own happiness. As I put what I learn into practice, the pressure on loved ones eases up, and I reap the benefit in vastly improved relationships, personal and professional.

Alcoholism is in my extended family, so of course I picked an alcoholic to marry. Now I understand why: we are powerfully drawn to that which is comfortable and familiar, even if it's destructive. Alcoholism is a family disease: there is an entire infrastructure of dysfunction that builds up around the alcoholic, and those patterns of interaction can be transmitted down through the generations, even when no one is drinking.

I thought, *when I got rid of the alcoholic, life will get better.* Unfortunately, that's not the way it usually works, because we

take our dysfunctional behaviors with us wherever we go.

The good news is, there is a way out. For me, Al-Anon has been a lifeline . . . a truly life-changing experience.

*Find out more, including meeting locations near you, at <http://www.mt.al-anon.alateen.org/>.*

***Alcoholism is a family disease: there is an entire infrastructure of dysfunction that builds up around the alcoholic, and those patterns of interaction can be transmitted down through the generations, even when no one is drinking.***



# The Empty Dinner Party

—Christy Kapur

**T**he tables are set, complete with holiday table linens, stemmed glassware, flatware, festive centerpieces, and decorative place cards. The only thing missing is the guests of honor. They couldn't attend because they are dead.

During the upcoming holiday season, Risky Business/Tri County DUI Task Force of Richland, Sheridan and McCone Counties and Northeastern Montana Safe Kids, Safe Communities will host *The Empty Dinner Party*. Modeled after the North Dakota Department of Transportation's project of the same name, *The Empty Dinner Party* is intended to graphically communicate the loss suffered by families and communities as a result of impaired driving. Each place setting at the dinner party represents someone who was killed on Montana's roads due to alcohol- and/or drug-related traffic crashes.

Montana was ranked number one in the nation for alcohol-related traffic crash fatalities per 100 million vehicle miles traveled in 2005 (NHTSA 2006). In 2006, according to the Montana Department of Transportation, 263 people were killed on Montana's roads—alcohol was a factor in 44 percent of the deaths.

Those of us in prevention are constantly bombarding our communities with national, state and local data to educate them about a particular problem. Despite all our efforts, however, many have a difficult time relating to the statistics or seeing how they translate into everyday life.

*The Empty Dinner Party* is a creative way to put a face on statistics. Eastern Montanans are fond of saying that in this part of the state everyone knows everybody

else's business. *The Empty Dinner Party* uses this to advantage. At each empty seat will be a place card identifying a person killed and other contributing factors

Residents may remember Joe—perhaps he worked at the local hardware store or went was a classmate in school. Maybe his loss personally affected family and friends, or the community at large when he no longer coached Little League, or volunteered with a local charity.

Suddenly a statistic like, "In 2006, 75 percent of traffic crash fatalities in Richland County were alcohol-related," becomes personal. To the people who see *The Empty Dinner Party*, we hope that statistic becomes, "Oh wow. That's Dave. He went to my church." Or, "I remember Chris. He was in my daughter's math class..."

In the North Dakota Department of Transportation campaign, families were encouraged to bring photos or mementos to the empty place setting representing their loved one. Not only was this a great way for families to honor the memory, but it communicated in a visual way to the rest of the community that impaired driving can have horrible consequences.

There will be Empty Dinner Party displays in Richland, Sheridan and McCone Counties from mid-November 2007 through January 4, 2008. To reach as many people as possible, the displays will rotate among several locations, including schools, bank lobbies, empty store fronts, furniture stores that sell dining room tables, businesses, and window displays facing major streets.

At each display, there will be large signs and educational messages, including those listed below:

- Seat belt advocacy: Your best defense against the unpredictable actions of an impaired driver is to wear your safety belt.
- Age-appropriate designated driver promotion: Arrive alive.

- National Highway Traffic Safety Administration materials: Buzzed driving is drunk driving.
- State and local crash statistics.
- A guestbook to track how many people are reached with this campaign.



The majority of the funding for the project comes from a Highway Traffic Safety grant from the Montana Department of Transportation, with the remainder coming from community donations. Additional partners involved in the campaign include the Richland County Health Department, District II Alcohol & Drug Program, Part-

nership for Promise, Community Incentive Program, law enforcement agencies, media providers, and local businesses. It is our goal to ensure that *The Empty Dinner Party* is a project that is continued for years to come.

—Christy Kapur is the Coordinator of the Northeastern Montana Safe Kids, Safe Communities Coalition, Risky Business/Tri County DUI Task Force of the Richland County Health Department. She can be reached at 406.433.2207, extension 6911 or at [ckapur@richland.org](mailto:ckapur@richland.org).





# It Takes a Village

—There is no one strategy that is the cure all for teenage alcohol use. Our coalition has taken a comprehensive prevention approach to create true results in our community. —Kelly Parsley

**T**he Youth Connections Coalition of Helena takes the issue of teenage alcohol use seriously. This is a huge challenge that underlines the truth of the homily, *it takes a village to raise a child*.

A multifaceted approach is required in substance abuse prevention. Substance abuse prevention education in the classroom, using curriculums such as *Class Action* and *Change of Heart*, is a piece of the puzzle, but it is not the complete answer.

Education works with some students. They learn the harms of underage/binge drinking, alcohol poisoning, drinking and driving, violence, brain damage, sexual assaults and other collateral consequences. Unfortunately, education about consequences does not equate to a change in behavior for all students. For that reason, our coalition/school district partnership is implementing other strategies. In addition to curriculum-based education, our coalition focuses a great deal of energy on teaching media literacy.

“Because today’s student spends an average of 6.5 hours with media each day, it is crucial that we teach students to think critically about the messages they are seeing,” says media literacy consultant Jodi Delaney. Media literacy teaches students to ask questions such as:

- What message does Hollywood send about alcohol and parties to teens?
- What messages do teens get when they see a glamorous female in a bikini lying on the beach with an ice cold beverage in her hand?
- Which magazines do alcohol companies use to advertise, and what is the target population of that publication?

This process teaches students how to be active consumers rather than to passively absorb messages bombarding them on a daily basis. Teaching critical thinking in the form of media literacy has been labeled by the Centers for Disease Control

as a best practice. Media literacy reaches students when basic information about consequences may not.

Our most recent Montana Prevention Needs Assessment (MPNA) data reflects that 41 percent of area youth think it is “very easy” to get alcohol. In response, our coalition is working to address commercial and social access to alcohol. Strategies include Responsible Beverage Server Training, compliance checks, working with our local community summer celebration

Alive@Five to separate the beer garden from the rest of the event, providing training for servers, and working with parents through the *Parents Who Host Lose the Most* Campaign.

“As a result of our Parents Who Host Lose the Most Campaign this year, we had a parent call in and report a senior party that was in the planning phase,” says Tracy Moseman, coalition member. “In addition, we had feedback from one parent that every school district should be doing such a campaign. Another parent thanked us because they had lost a teenager to alcohol and hoped our efforts could help prevent that tragedy for another family. These positive comments from the community are fuel for us to continue moving forward.”

Our coalition works on other areas of prevention, including positive youth development, assisting youth already using substances to get help and policy development to create changes in community norms. The Youth Connections Coalition continues to build capacity and welcomes help in our efforts to implement science based prevention programming that will have a lasting impact.

If you would like to know more about our work, or to receive free materials about our coalition, contact Youth Connections by phone (406) 324-1032 or visit [www.helena.k12.mt.us/district/youthcon/index.dhtml](http://www.helena.k12.mt.us/district/youthcon/index.dhtml)

*Adults can be told that exercise and diet are important for reducing the risk of heart disease and obesity, but that doesn't necessarily mean there will be a change in behavior.*

*Knowing how to cook only with high-fat foods or living next to a fast food restaurant could mean that the individual's behavior won't change.*

*Prevention strategies for reducing heart disease and obesity—like strategies for preventing teen drinking—must include education, environmental changes and support systems for people who are at risk.*

—Kelly Parsley, Youth Connections



# Best-practices Prevention in the Real World

—Pete Bruno

**A**fter our community suffered its second horrific, drug-related teen murder, a community meeting highlighted strong, broadbased resolve. The *Dawson County Healthy Communities Coalition* was formed in 2000 to prevent substance abuse and strengthen families. Almost immediately the Coalition set four cornerstones in place: coalition development; *Character Counts!* education; a parent resource center, and community-wide prevention goals.

Numerous dedicated agencies, businesses, schools and community members worked hard to incorporate a 501(c)(3) and obtain start-up grants. Two-year funding was obtained to start social and law enforcement services in our schools. The local Boys & Girls Club of America expanded its mission. Our youth court officer revved-up programming. As a result of all these efforts, local juvenile crime dropped by 20 percent.

Last year, our Healthy Communities funding came to an end, but the Glendive Medical Center and the District II Alcohol and Drug Program stepped up to help fund the Coalition Coordinator's position. This ensured a year in which to form and implement a sustainability strategy. This funding crisis and strategic planning session resulted in some healthy self-evaluation and the decision to implement as many of the 110 available best practices for community substance abuse prevention as possible.

The Coalition targeted alcohol, tobacco, marijuana and methamphetamine for its best practices approach. We set prevention-education goals for each of these four substances at the grade levels demonstrating the most significant changes in use and community protective factors. To find strategies, we turned to those established by the Substance Abuse and Mental Health Services Administration (SAMSHA), the National Institute for Drug Abuse (NIDA) and Center for Substance Abuse Prevention (CSAP).

According to best practices, effective prevention must take a multi-pronged

approach because any one activity area is insufficient to generate community change:

- **Information dissemination:** provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and its effects on individuals, families, and communities.
- **Education:** involves two-way communication and interaction between the educator/ facilitator and participants. Educational strategies affect life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.
- **Alternatives:** Provides opportunities for healthy activities that exclude substance use.
- **Problem identification and referral:** Identifies those who have indulged in illegal/age-inappropriate use of tobacco or alcohol, and those who have indulged in first use of illicit drugs, to assess the possibility of reversing behavior through education.
- **Community-based process:** Enhances the ability of the community to provide prevention and treatment services for substance abuse disorders. Activities include organizing, planning, enhancing efficiency and effectiveness of service implementation, inter-agency collaboration, coalition building and networking.
- **Environmental activities:** Establishes or changes written and unwritten community standards, codes, and attitudes to influence the incidence and prevalence of substance abuse in the general population.

—Pete Bruno has been the Dawson County Parent Resource Center Coordinator since 2006. He is stationed in Glendive, and can be reached at (406) 406.377.7515 or by e-mail at [weparent@midrivers.com](mailto:weparent@midrivers.com).

## Principles of Effective Substance Abuse Prevention

For a complete listing of CSAP's one hundred "Principles of Effective Substance Abuse Prevention" by spheres of influence, go to <http://captus.samhsa.gov/western/resources/bp/step6/bpprincipsap.cfm>

**Data from the most recent State of Montana Prevention Needs Assessment (PNA) Survey, Youth Risk Behavior Survey (YRBS), and a local survey of school-aged youth revealed high rates of alcohol use by local sophomores and seniors, coupled with a low rate of parental perception of health and other risks associated with alcohol.**



# Hip-Hop, I-Ms and Torn Jeans

—Drenda Carlson

W

hen I think of teenagers, what comes to mind is Hip Hop music, text messaging, torn jeans, that certain know-it-all attitude . . . and fearlessness. What do they have in common? All are teenage attempts to break into the adult world.

Adolescence is a critical time for parents, teachers, neighbors and the community to reinforce positive values. Positive youth development is an approach that helps young people visualize their futures and determine the steps necessary to achieve their goals. For many years we have approached prevention from a risk-reduction-only point-of-view. Consider this: reducing substance abuse, obesity and violence versus increasing regular exercise, eating healthy, teamwork and negotiation skills. Numerous prevention philosophies work toward this goal.

— Karen Pittman, noted youth researcher, advocates for a conceptual shift from thinking that youth problems are the principal barrier to youth development to thinking that youth development serves as the most effective strategy for the prevention of youth problems. Research indicates that if prevention activities focus on positive youth development, risk taking behaviors decrease and youth become more fully prepared to enter adulthood.

— The Search Institute created and evaluated the effectiveness of the 40 Developmental Assets. Research by the Search Institute has shown that exposure to a greater number of the developmental assets reduces a young person's tendency toward engaging in alcohol, tobacco and illicit drug use, antisocial behavior, violence, school failure, sexual activity, attempted suicide and gambling. The 40 Developmental Assets are categorized as internal and external assets. External assets consist of support, empowerment, boundaries and expectations and constructive use of time. Internal assets include commitment to learning, positive values, special competencies and positive identity.

— Richard Lerner, author of *Liberty* and youth development expert, espouses the theory of Five Cs: Competence, Connection, Character, Confidence and

Caring or Compassion. The Five Cs lend to social skills, positive bonds, integrity, courage and empathy. According to Lerner, a youth with all five thrives, and is on the path to attaining the sixth C: contribution to self, family, community and civil society. It is the sixth C that leads to positive adulthood.

— Building Partnerships for Youth conducted an extensive literature review, resulting in a framework that incorporates the *21 Essential Elements of Youth Development*. These elements are used to determine whether programs will be effective in protecting and enhancing youth. The more elements promoted in any given program, the more effective it will be.

— The *Communities That Care* (CTC) process is an operating system that provides research-based tools to help communities promote positive youth development and prevent problem behaviors, including substance abuse, delinquency, teen pregnancy, school drop-out, and violence. The CTC process was developed by David Hawkins, Ph.D. and Richard Catalano, Ph.D. to help communities plan, implement, and evaluate prevention programs with an emphasis on risk and protective factors. Risk factors are those conditions or situations that increase the likelihood a child will develop one or more health and/or behavior problems in adolescence. Protective factors decrease the likelihood.

Research has demonstrated the many benefits of approaching prevention from a positive youth development perspective. The various theories have their differences, but the underlying principle is the same: youth need positive, nurturing environments to learn and grow into healthy adults.

—Drenda Carlson is the Adolescent Health and Youth Suicide Prevention Consultant for the Department of Public Health and Human Services. She can be reached at 406-444-6858 or [dcarlson2@mt.gov](mailto:dcarlson2@mt.gov).

## 21 Essential Elements of Youth Development

*The 21 essential elements include:*  
*academic success, citizenship and contribution, close relationship with caring adults, communication skills, community connection, creativity, decision-making/reasoning skills, emotional health and well-being, facing challenges/taking initiative, family relationships, leadership, peer relationship and friendship, physical health and well-being, respect for diversity, sense of autonomy and independence, social justice/ethics, spirituality/philosophy of life, taking an active role with adults, understanding and valuing yourself, vision for the future and workforce preparation.*

—Building Partnerships for Youth



# STOP Underage Drinking

—Linda Ravicher

**T**he *STOP Underage Drinking in the Flathead Coalition* includes a wide variety of community sectors: media, law enforcement, schools, healthcare professionals and substance abuse experts, to name a few. Members have worked together for several years, focusing primarily on developing and implementing strategies to reduce underage drinking in Flathead County.

Since alcohol is the drug of choice of our youth, the Coalition's goals are simple:

- 1) reduce the availability of alcohol to youth,
- 2) improve the effectiveness of law enforcement in enforcing underage drinking laws, and
- 3) change our community's norms around the acceptance of underage drinking.

All of the strategies that we implement are related to these three goals. We have implemented a number of successful strategies over the past three years. One of the most effective has been establishing an Alcohol Enforcement Team (AET), a special multi-jurisdictional task force comprised of law enforcement officers from the Kalispell, Whitefish and Columbia Falls police departments, the Flathead County Sheriff's Office, the Montana Highway Patrol and the U.S. Forest Service Law Enforcement Unit. Established in 2005, the AET conducts underage alcohol sales compliance checks throughout the valley, responds to reports of underage drinking parties, and provides alcohol and drug information to parents and community members at school-sponsored events. The AET has issued 1,055 Minor-in-Possession (MIPs) citations in the past year. Their compliance-check efforts have reduced the availability of alcohol to youth, and the cooperation among law enforcement agencies has greatly increased their effectiveness in responding to underage drinking.

Our coalition has also taken an approach designed to change the community's social norms. Rather than accepting underage drinking as a "rite of passage," the coalition has consistently reinforced the message that alcohol use by youth is not only unacceptable, it is a serious threat to their health. We have done this in a number of

ways: implementing multi-faceted public awareness and parent awareness campaigns; developing billboard and TV public service announcements; conducting annual town hall meetings; developing prevention message sections in our local newspaper; making presentations to local businesses; and conducting media literacy classes in the local schools. We have also included prevention messages in the local Chamber of Commerce newsletters, and through a quarterly newsletter to parents.

In addition to special mailings before prom and Christmas vacation, we have worked with the newspaper to develop and run a prevention message page every two weeks. Messages are coordinated with upcoming school holidays and provide parents and community members with ideas and suggestions for keeping youth alcohol-free.

We are especially proud of two public awareness events held this year: our 3rd Annual Town Hall meeting, and *Kevin's Last Stop*. Using Drug-Free Communities Support grant funds, we invited a national expert on underage drinking, John Underwood of the American Athletic Institute, to speak at our town hall meeting and make presentations on the dangers of underage drinking to five high schools, the junior high, several groups and other coalitions. *Kevin's Last Stop* was an alcohol-free event that included Barry Adkins's presentation, messages from Mayor Pam Kennedy and Jim Lynch, Director of the Department of Transportation. (See page 5 for more about *Kevin's Last Walk*.)

We're seeing some good signs that we are making a difference in our community. People are talking about underage drinking, the number of people reporting underage drinking has increased, the number of keggers on forest service land has decreased, and our youth alcohol sales compliance rates are improving. Together we will make a difference, and as Barry Adkins has said, "something very good will come from this . . ."

—Linda Ravicher is the Project Director for the Drug-Free Communities Support Grant Program in Kalispell. She can be reached at 406-756-6453 or [lindaravicher@fvcdc.net](mailto:lindaravicher@fvcdc.net).

***The key to change is ensuring folks hear regular, consistent messages about the dangers of underage drinking, and have access to ideas about what they can do to help prevent it.***

The opinions expressed herein are not necessarily those of the Prevention Resource Center and the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services.

The Prevention Resource Center and the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services attempt to provide reasonable accommodations for any known disability that may interfere with a person participating in this service. Alternative accessible formats of this document will be provided upon request. For more information, call AMDD at (406) 444-3964 or the Prevention Resource Center at (406) 444-3484.



# Warrior Down

—Richard Simonelli



—The people who are supposed to be here, come. It doesn't matter what color you are. Alcohol or drugs knows no color. —Tommy Stiffarm

**Warrior Down!** is a cry used to signify that a warrior has been wounded or incapacitated in some way and needs help. Today it means that one of us is at risk to fall back into old ways or patterns of substance misuse and harm that we may have avoided by being clean and sober through abstinence. Returning home from prison or from a treatment center, or being in a prerelease program, is a wonderfully hopeful time. It is also a time when we could use an ally to stabilize recovery into sustainable wellness—*Wellbriety*.

For American Indians and Alaska Natives admitted to treatment, alcohol was the leading substance of abuse, ranging from 47 percent in large central metro areas, to 76 percent in non-metro areas without cities. The rate of relapse is up to 86 percent within two years of treatment. Recidivism for Native Americans released from prison is high. In one study, within three years of release from a state prison an estimated 3 in 5 Native Americans were arrested for a new crime—either a felony or a serious misdemeanor.

The goals of the 14 month-old Montana Re-Entry Coalition and its Four Nations Warrior Down program are aimed at eliminating these statistics. The goals are:

- Reduce recidivism by 80 percent within the first year;
- Reduce relapse by 80 percent within the first 90 days;
- Assist those returning from treatment or incarceration to re-enter their families and communities; and
- Reduce stigma for those returning from treatment or incarceration.

*Four Nations Warrior Down* is currently operating as a pilot project in Great Falls, but will find its way into other urban communities and onto the reservations in the near future. Tommy Stiffarm, who grew up on the Ft. Belknap Reservation, is founder and president of Four Nations Warrior Down. He explains the Montana Re-Entry Coalition vision for the program, "It's not only for Native Americans. It's

open to all. We use the Native American teachings. The people who are supposed to be here, come. It doesn't matter what color you are. Alcohol or drugs knows no color. We're all in the same boat. We're all working to stay sober and clean. We use the Native American traditions and spirituality, but what it boils down to is that any people who are working this program are getting back into the relationship with their Creator. From there, people can start to go back into their own religion or their own faith with a clearer understanding."

The Sacred Hoop of 100 Feathers is the living symbol of the Native American Wellbriety Movement taking place across the country today. "Wellbriety" is a word coined by White Bison, Inc. of Colorado Springs, Colorado. It means to be both sober and well. It teaches the need for an ongoing journey of healing and wellness once the initial hard-won goal of abstinence

from the addictive use of drugs and alcohol is achieved.

The Sacred Hoop was constructed in

1995, based on a vision received by Don Coyhis, Founder and President of White Bison, Inc. The Hoop has become synonymous with the Wellbriety Movement. It has been taken to hundreds of communities since 1995 in support of both Native and non-Native healing from the effects of drugs and alcohol. For many American Indians and Alaska Natives, a return to the principles, laws and values of traditional indigenous cultures is central to recovery from the effects of drugs and alcohol, and beyond to full wellness.

The Hoop has been carried to countless Native American and non-Native communities by White Bison since its inception in 1995. It brings the gifts of Healing, Hope, Unity and the Power to Forgive the Unforgiveable to those on a healing journey of any kind. This year, in Montana, it will also herald the Four Nations Warrior Down Program, whose purpose is to provide a safety net for those coming back to their communities after treatment for

**"Our culture is prevention!"  
is heard more and more in  
Native communities now.**

## Great Tobacco Links

### Youth Tobacco Prevention

<http://www.cdc.gov/tobacco/youth/index.htm>

### Fact Sheet on Secondhand Smoke

[http://www.cdc.gov/tobacco/data\\_statistics/Factsheets/SecondhandSmoke.htm](http://www.cdc.gov/tobacco/data_statistics/Factsheets/SecondhandSmoke.htm)

### MTUPP—Montana Tobacco Use Prevention Program

<http://tobaccofree.mt.gov/>

### Mayo Clinic News: Nicotine Dependency

<http://www.mayoclinic.org/ndc-rst/news.html>



## Warrior Down

*Continued from Page 20*

alcohol or substance abuse and mental disorders, or after incarceration. The Hoop will be taken into at least four state correctional facilities on its travel to Montana communities. The Warrior Down presentations will help inmates learn that there is a way to continue their abstinence and to combat recidivism once they are released.

Avis Werk of the Montana Re-entry Coalition expresses these connections. "Bringing the Sacred Hoop into the correctional facilities is beneficial to incarcerated individuals because it is of what it represents—the healing and recovery of our Native American people," Werk says. "Change is a personal concept, but it is also has to be a collective effort that will help bring about Wellbriety. Bringing the Sacred Hoop to individuals incarcerated in the

correctional facilities creates a connection with family, friends, and tribes outside of the facilities. This concept is pertinent to the success of the Warrior Down program. These connections will be the strength that increases the recovery rate, which results in decreased recidivism."

White Bison, Inc. and the Montana Re-Entry Coalition are co-sponsors of the Montana Hoop Journey, 2007. To learn more about White Bison, Inc.'s work, visit [www.whitebison.org](http://www.whitebison.org). Visit the Montana Re-Entry Coalition website at: [www.montanareentrycoalition.sacredwebrecovery.com](http://www.montanareentrycoalition.sacredwebrecovery.com).

—Richard Simonelli is the White Bison, Inc. Media Specialist.



### Sacred Hoop Journey

In a landmark event in addictions recovery and prevention, the Sacred Hoop of 100 Eagle Feathers was carried on a journey of healing and learning to numerous locations around the state between August 20 and August 31. The Sacred Hoop Journey 2007 begins a process of getting the word out to all people and brings a message of hope to Native American communities by introducing the new Four Nations Warrior Down program of the Montana Re-Entry Coalition. Don Coyhis will accompany this year's Hoop Journey in Montana and will be a keynote presenter during each community presentation at the 14 or more stops along the way.

The Four Nations Warrior

Down signifies the fact that it is open to those of all races and ethnicities.

White Bison, Inc. and the Montana Re-Entry Coalition are co-sponsors of the Montana Hoop Journey, 2007. Visit the Sacred Web Recovery website at [www.sacredwebrecovery.com](http://www.sacredwebrecovery.com) for an itinerary of the Hoop Journey and for more information about Warrior Down. Contact Tommy Stiffarm at 406-761-4282, [tommy@sacredwebrecovery.com](mailto:tommy@sacredwebrecovery.com), or Avis Werk at 406-245-0179, [avis@mountainpeaksinc.com](mailto:avis@mountainpeaksinc.com), for information on how to participate.

### Binge Drinking and the PNA

*The State of Montana Prevention Needs Assessment (PNA) Survey is conducted during the spring of even-numbered years, with students in grades 8, 10, and 12. The survey was designed to assess adolescent substance use, antisocial behavior, and the risk and protective factors that predict adolescent problem behaviors. The trends reveal that the numbers of youth who are drinking are down, but the numbers using alcohol (and binge drinking) are still too high.*

#### Binge Drinking—Grade 8

2002: 17%

2004: 16%

2006: 13%

#### Binge Drinking—Grade 10

2002: 31%

2004: 32%

2006: 27%

#### Binge Drinking—Grade 12

2002: 41%

2004: 44%

2006: 38%

*For more information, view Prevention Needs Assessment data at <http://prevention.mt.gov/pna/>.*



# Deceiving Montanans

—Steven D. Helgerson, MD, MPH

## Montana Trends in Youth Tobacco Use for 2006

- The prevalence of youth smoking has decreased from 27% in 2000 to 17% in 2006.
- 40% of students reported trying cigarettes before age 12.
- 87% tried cigarettes before age 16.
- The prevalence of spit tobacco use was 9%; 15% among boys and 3% among girls.
- 24% of 12th grade boys use spit tobacco.
- 17% of boys report trying spit tobacco before age 12.
- 58% of boys report trying spit tobacco before age 16.
- 56% of students were exposed to second-hand smoke in 2006.

Source: 2006 Prevention Needs Assessment

**Thanks to the state legislature, which appropriated \$9 million to fund state-wide tobacco prevention, Montanans have a fighting chance against the addiction that takes the lives of 1,500 state residents each year.**

**If you are a smoker or use spit tobacco, talk with your physician and call the Montana Tobacco Quit Line at 1-866-485-7848.**

**O**nce again, the tobacco industry is trying to deceive Montanans. It is offering up spit tobacco as a “safe alternative” to smoking. Two facts illustrate why tobacco products, whether smoked or chewed, are anything but safe. First, the tobacco industry is in the business of selling addiction. Second, to stay profitable, this industry needs people to ignore evidence about the harm caused by its products. When used as directed, tobacco is highly addictive, causes disease and, ultimately, kills. Tobacco use is the number one cause of preventable death in Montana and nationwide.

The tobacco industry knows smokers are concerned about the adverse health effects of smoking, and the public is increasingly intolerant of secondhand smoke. So now Big Tobacco is pushing alternative products by implying that they are better. For example, tobacco companies are promoting spit tobacco, claiming it will reduce the health impacts of smoking. That’s like saying it’s better to jump from a 60-story building than an 80-story building. Switching to spit tobacco assures continued tobacco addiction. Why would Montanans want to substitute one form of premature death for another?

This insidious marketing is no different from the industry’s deceptive practices of the past, practices found to be in violation of

U.S. racketeering laws. An August 2006 U.S. District Court ruling declared that cigarette companies knowingly misled consumers with claims that low-tar and “natural” cigarettes were less harmful than other cigarettes. These so-called “harm-reducing” cigarettes marketed between 1998 and 2004 delivered more nicotine than their predecessors, upping the addiction factor in each cigarette by an average of 10 percent. Montanans should be very skeptical about the tobacco industry’s newest claims about spit tobacco.

No matter how reprehensible these new—unsupported—claims are, the industry’s effort to recruit Montana’s children to an addicted future is even worse.

Tobacco companies are marketing candy-flavored spit tobacco and wrapping cigarettes in pretty colored packages. How can anyone expect kids not to be lured by cherry-flavored chew that doesn’t look much different than beef jerky? And what about the teenage girls who will be attracted to cigarettes in packages that match their purses and lipsticks?

This youth-oriented tobacco marketing is designed to addict a new generation of Montanans. The strategy to recruit new users is important to the industry, in large part because of the shortened life expectancy that current users face. When people die from diseases caused by tobacco addiction, the industry needs new customers. The tobacco industry wants those new customers to be your children and mine.

The best public health policy is primary prevention. Eliminating exposure to commercial tobacco products prevents disease. Montanans who currently use tobacco should stop. Quit Line services are free and include counseling and nicotine replacement therapy. People who use the Quit Line are seven times more likely to be successful at quitting than those who try to do it alone.

Montanans who don’t use tobacco should never start, and that especially includes children. Since nearly all tobacco users become addicted before age 20, Montanans must continue to support public policies that not only keep tobacco products from kids, but shield children from tobacco industry marketing.

Finally, Montanans should take time to thank their legislators for funding tobacco prevention. Our comprehensive program is the best defense we have.

To read the Department of Public Health and Human Service Montana Tobacco Use Prevention Program’s policy statement related to so-called harm reduction tobacco marketing, go to [www.tobacco.free.mt.gov](http://www.tobacco.free.mt.gov).

—Dr. Helgerson is the State Medical Officer with the Montana Department of Public Health and Human Services in Helena.



# Family Rules and Youth Smoking: *What the Data Says*

**R**ecent studies show that parental smoking, sibling smoking and lack of family rules about smoking are all predictors of whether a youth will begin smoking. Students who perceive strong parental disapproval are less likely to begin smoking and less likely to become established smokers, although the effect of parental disapproval is modified if parents and siblings smoke. Lack of family discussions and lack of family rules about smoking are risk factors for youth smoking. Having friends who smoke is a risk factor for smoking initiation. Family and peer influences appear to interact in predicting risk of youth smoking.

The Prevention Needs Assessment (PNA) community survey is conducted in Montana schools every other year in even-numbered years, among 8th, 10th and 12th grade students. The PNA includes questions about students' tobacco use,

siblings' tobacco use and perceptions about parental attitudes toward tobacco. Overall, 17 percent of students in the 2006 PNA survey reported that they smoked.

Family factors were significant predictors of student smoking. Students were five times more likely to be smokers if their parents did not disapprove. They were almost twice as likely to be smokers if their families did not have explicit rules about smoking. They were three times more likely to be smokers if they had siblings who smoked.

Students' own attitudes about smoking reflected their perceptions of parental beliefs. Students whose parents disapproved were almost seven times more likely to believe that teen smoking was wrong. Students whose families had rules about tobacco were more than twice as likely to believe teen smoking was wrong.

Peer factors were also significant predictors. Students who had friends who smoked were more than ten times more likely to be smokers than those who did

not have smoking friends. This may reflect peer pressure to adopt friends' smoking behavior as well as selection of friends based on one's own smoking status. Students whose parents did not disapprove of teen smoking were more than three times more likely to have friends who smoked.

These results suggest a complex relationship between parents' and children's attitudes about tobacco, and between beliefs and tobacco use among the students. These results and those of other studies all suggest that family norms and rules have a significant effect on students' attitudes about smoking and the likelihood of student smoking.

*For more details about this analysis and for a complete description of the results of the 2006 PNA for teen tobacco use, please visit the Montana Tobacco Use Prevention Program's website at [www.tobaccofree.mt.gov](http://www.tobaccofree.mt.gov)*

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## Keys to Community Collaboration

—Kelli Keck

**P**revention coalitions from across Montana and neighboring states gathered at the end of June in Helena for a conference on community collaboration. The coalitions in attendance focused on issues that included violence, substance abuse, mental health and education. For two days, participants attended workshops and plenary sessions related to coalition work and community collaboration. Dynamic presenters from Montana and across the nation provided education and encouragement to those in the prevention field.

In addition to the general conference, a Call to Action session was held as a means to organizing individual prevention coalitions into a statewide coalition with the mission of furthering prevention. Participants brainstormed and prioritized ideas for

the statewide coalition. The groups agreed that the infrastructure and organization of the group should be the first priority. Three committees were established. Each developed an initial action plan during the conference.

- **Organizational Committee**—Develop the structure of the coalition, committees, a board of directors and undertake initial planning.
- **Capacity**—Develop a funding source for the coalition and prevention work, training resources, and statewide professional standards for those in the prevention field.
- **Communication**—Establish communications systems and structure for the organization.

An organized group is crucial to the success of prevention work. As a coalition, we will be better equipped to share resources, training, knowledge, experience and support for projects across the state. The voice of prevention, regardless of the field, will be better heard if we work collectively. If interested in becoming involved with this coalition please contact 406.268.6956, 406.268.6781 or e-mail [janet\\_meissner@gfps.k12.mt.us](mailto:janet_meissner@gfps.k12.mt.us).



# reACT! Against Corporate Tobacco

—Youth Empowerment is an attitudinal, structural, and cultural process whereby young people gain the ability, authority, and agency to make decisions and implement change in their own lives and the lives of other people, including youth and adults. —Kyle Pfister, Wisconsin Department of Health and Family Services



reACT! Against Corporate Tobacco is Montana's teen-led movement against the tobacco industry. Funded and staffed by the Montana Tobacco Use Prevention Program, reACT joins statewide youth empowerment movements across the country in recognizing the power of young people to take on tobacco use—one of our leading causes of preventable death.

The five educational components of reACT are: education, activism, art, branding, and media. The reACT! Against Corporate Tobacco youth empowerment movement incorporates media literacy, peer education, and grassroots advocacy to motivate youth to fight back. The reACT members have the opportunity to affect their peers in a positive way by serving as leaders and active participants in the promotion of change. Teens involved in reACT learn how to organize and implement events and activities, develop leadership and public speaking skills while participating in a good cause.

## Key Messages of reACT

- Tobacco companies spend billions of dollars marketing to youth, since they need to replace the 400,000+ customers who die annually. And it works: most tobacco users report starting in their teens.
- Since teens are being targeted, reACT spreads the knowledge that it's happening, and encourages teens to take action.
- reACT is against corporate tobacco, which is marketed and sold with the intent of addiction and profit. reACT understands and respects the distinction between ceremonial or traditional tobacco, which is sacred in the Native American community, and corporate tobacco.
- reACT is not against those who use tobacco, but rather, the industry that promotes, addicts, and profits from it. reACT aims to denormalize and deglamorize tobacco.

The tobacco industry blatantly targets young people and has for years. Consider the following tobacco industry quotes:

- *The base of our business is the high school student.* —Lorillard Tobacco
- *Cherry Skoal is for someone who likes the taste of candy, if you know what I mean.* —U.S. smokeless tobacco representative
- *... if our company is to survive and prosper over the long term, we must get our share of the youth market ... this will require new brands tailored to the youth market.* —RJ Reynolds
- *Students are tremendously loyal. If you catch them, they'll stick with you like glue.* —1950 Philip Morris Memo

If you want to get involved, get in touch with your local program, organize an event, write a letter to the editor, or recruit your friends. Adults can also volunteer to act as chaperones at the Teen Summit. These are just a few ways you can start to take action. For more information visit [www.tobaccofree.mt.gov](http://www.tobaccofree.mt.gov) or e-mail [mtreact@mt.gov](mailto:mtreact@mt.gov).

- *Tobacco use is the #1 cause of preventable death in the United States, killing far more people than fire, drugs, homicide, suicide, AIDS, motor vehicle accidents and alcohol consumption combined.*
- *90% of adult smokers began smoking as teenagers or earlier, and two-thirds of these adults became daily smokers by the time they were 18 years old.*
- *Tobacco companies spend \$49.9 million per year on marketing in Montana alone!*
- *Over 440,000 tobacco company customers die each year—1,500 in Montana. Youth are targeted as 'replacement smokers.'*
- *The three most popular brands of cigarettes among teenagers are also the three most heavily advertised.*

Source: <http://tobaccofreekids.org/research/factsheets/>

## Teen Summit

### 2nd Annual reACT! Against Corporate Tobacco

Sponsored by the Montana Tobacco Use Prevention Program, the 2nd annual reACT! Against Corporate Tobacco teen summit brought together 160 teens and many adults from across Montana and gathered at Carroll College got hands-on education in tobacco prevention

One evening, participants put their tools in action at the Helena Brewers baseball game. There were street corner demonstrations, announcements over the PA system, a 'candy shop' comparing flavored tobacco and candy products, and palm card distribution. We also had a glamorous Night of Celebration that included a Teen Showcase, the reACT Academy Awards, and a dance.

As a result of these activities, young people are fired up, educated and ready to take action in their communities and across the state to say "no" to the tobacco industry.

If you would like more information or are curious what reACT is up to in your community check out our website at [www.tobaccofree.mt.gov](http://www.tobaccofree.mt.gov).

## Save the Date

**Next year's summit is already scheduled—  
June 17-20, 2008 at the  
University of Montana in  
Missoula. Hope to see  
you all there!**



# Strengthening Montana

—Governor Brian Schweitzer

**A** lot has been written in this issue of the *Prevention Connection* about giving kids a reason to refrain from drinking, smoking and other harmful activities. Giving kids hope—for a bright future and for economic success—is the best prevention strategy I can think of. That's just one of many reasons why I'm so excited that voluntary full-time kindergarten passed the legislature—and that nearly 90 percent of Montana's school districts now plan to offer this option to parents.

As of July, the Office of Public Instruction reported that 182 school districts had applied for kindergarten funds that will be used to offer full-time kindergarten to 9,053 children. Those schools will teach 87 percent of all public school kindergartners. Full- or part-time kindergarten is a parent's choice, but early indications are that the overwhelming majority are choosing full-time kindergarten for their children.

Jobs that pay a living wage are vital for a thriving Montana. The best paying

jobs require strong skills and knowledge. Even though we start with kindergartners, we can't end there. My *College Affordability Plan* (CAP) freezes student tuition in the Montana University System for the next two years. My *Best and Brightest Scholarship Program* has expanded, which means that about 2,700 more students will receive the financial aid they need to attend 2- or 4-year colleges.

Full-time kindergarten offers kids a great start. It gives our youngest students a better introduction to school and a terrific foundation for success. In the end, though, it is Montana that will benefit most. Montana is on the move toward ensuring that our students are, by any standards, the best and the brightest in the nation.



## Montana Teens in Action Combat the Tobacco Industry

**O**ver the past year, the Montana Tobacco Use Prevention Program has awarded 29 mini-grants to local youth groups and programs. The funding is intended to help develop active coalitions and coordinate community activities that educate the community, raise awareness about tobacco use, and provide insight on the manipulative techniques used by the tobacco industry. It has been a wonderful year for youth action across the state and below are a few highlights and the communities who have moved a step closer to changing the community norm around tobacco.

### Some Highlights

During Through With Chew Week the Missoula reACT group held a mini

health fair in their high school. They had three different booths: *Guess the Poison*, *Tobacco Jeopardy* and *Pin the Shame on an Executive*. This booth was similar to *Pin the Tail on the Donkey*, but participants put a giant orange nose on the likeness of a tobacco company executive to demonstrate the concern that tobacco companies lie to the public.



At Halloween, Billings Project HELP made a spooky display and placed it in a highly trafficked neighborhood incorporating a themed tobacco prevention message.



During Through with Chew Week the Columbus reACT members wrote, produced, and performed assembly presentations to over 400 students in grades 7-12. The informational presentations incorporated TRUTH commercials, Gruen von Behrens\* materials, a 'spit ingredients' activity, and general corporate tobacco facts.



# The Last Word

—Joan Cassidy, Montana Chemical Dependency Bureau Chief

**T**his issue speaks to a number of exciting prevention efforts that focus on reducing alcohol and tobacco use throughout Montana. This is critically important: both are significant issues that affect the health of thousands of Montanans. One of the most important things we can do for our children and communities is to practice strategies that prevent the onset and reduce the progression of substance abuse. Unfortunately, we must also address those at the other end of the spectrum, those who have gone beyond use to abuse and addiction.

September is National Alcohol and Drug Addiction Recovery Month. The theme for 2007 is *Join the Voices for Recovery: Saving Lives, Saving Dollars*. This year marks the 18th annual event that

celebrates recovery from substance use disorders and promotes awareness and financial access to treatment services. Governor Brian Schweitzer initiated the kick-off event for Recovery Month on August 29, 2007 in the Capitol Rotunda. The focus? The historic \$4 million Legislative funding measure expanding Montana's ability to provide drug and alcohol addiction treatment for low-income citizens.

Funds appropriated from the general fund by Governor Schweitzer will pay for seven long-term residential treatment facilities for people with addictions. These community-based programs will provide residential treatment and supportive living services to eight adults per facility, each of

whom will stay, on average, between six and nine months. The funding—and the homes—are groundbreaking. It is the first time Montana has been able to offer treatment in such settings and the first time money from the general fund has been used for community-based drug and alcohol treatment programs.

The road to recovery can last for several years, so treatment doesn't end after leaving one of the

residential facilities. Clients will be placed with state-approved follow-up programs in the community.

We have a great deal to celebrate this year during National Alcohol and Drug Addiction Recovery Month. From prevention to recovery, Montana is moving forward toward a healthier tomorrow.

***Treatment is cost effective, with some measurements showing a benefit-to-cost ratio of up to 7:1.***

**CSAP** Center for  
Substance Abuse  
Prevention  
Substance Abuse and Mental  
Health Services Administration

A joint publication of the **Prevention Resource Center**  
and the **Addictive and Mental Disorders Division**

**MONTANA**  
Department of Public Health & Human Services

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2,500 copies of this public document were published at an estimated cost of \$2.98 per copy, for a total cost of \$7,460.00, which includes \$3,460.00 for production and printing and \$4,000.00 for distribution.



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